

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7090 / 11276

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lynn C. Reecer

Mailing Address 3027 Covington Lake Drive

City

Fort Wayne

State

IN

Zip Code

46804-2511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Wayne Physical Medic-  
al CenterOccupation  
Bookkeeper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: 2010G20L11AI20112

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Don Reed

Mailing Address 2201 E. Hickory Hill Road

City

Argyle

State

TX

Zip Code

76226-3136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1606.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: 2010G20L11AI20113

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Etta W. Reed

Mailing Address 400 Casad Road

City

Anthony

State

NM

Zip Code

88021-8420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Horse Trainer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Transaction ID: 2010G20L11AI20114

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

1120.00

TOTAL This Period (last page this line number only) .....